

HOBBS OCD

AUG 18 2020

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

RECEIVED

BRADENHEAD TEST REPORT

|                                                         |  |                                     |  |
|---------------------------------------------------------|--|-------------------------------------|--|
| Operator Name<br><b>Apache Oil Corp.</b>                |  | * API Number<br><b>30-025-06508</b> |  |
| Property Name<br><b>North East Drinkard Unit (NEDU)</b> |  | Well No.<br><b>209</b>              |  |

1. Surface Location

|                       |                     |                        |                     |                          |                      |                          |                      |                      |
|-----------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|
| UT. - Lot<br><b>0</b> | Section<br><b>3</b> | Township<br><b>21S</b> | Range<br><b>37E</b> | Feet from<br><b>3150</b> | N/S Line<br><b>S</b> | Feet From<br><b>1650</b> | E/W Line<br><b>E</b> | County<br><b>Lea</b> |
|-----------------------|---------------------|------------------------|---------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|

Well Status

|                                                      |                                                    |                                                  |     |                     |                        |
|------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|-----|---------------------|------------------------|
| TA'D WELL<br>YES <input checked="" type="radio"/> NO | SHUT-IN<br>YES <input checked="" type="radio"/> NO | INJECTOR<br><input checked="" type="radio"/> INJ | SWD | OIL PRODUCER<br>GAS | DATE<br><b>2-21-20</b> |
|------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|-----|---------------------|------------------------|

OBSERVED DATA

|                      | (A) Surface                                                             | (B) Interm(1)                                                           | (C) Interm(2)                                                           | (D) Prod Csg                                                            | (E) Tubing                                                 |
|----------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------|
| Pressure             | <b>Ø</b>                                                                | <b>-</b>                                                                | <b>-</b>                                                                | <b>Ø</b>                                                                | <b>1232</b>                                                |
| Flow Characteristics |                                                                         |                                                                         |                                                                         |                                                                         |                                                            |
| Puff                 | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | CO2 <input checked="" type="checkbox"/>                    |
| Steady Flow          | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | WTR <input checked="" type="checkbox"/>                    |
| Surges               | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | GAS <input checked="" type="checkbox"/>                    |
| Down to nothing      | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | Type of Fluid<br>Injected for<br>Waterflood if<br>applies. |
| Gas or Oil           | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N |                                                            |
| Water                | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N | <input checked="" type="radio"/> Y / <input checked="" type="radio"/> N |                                                            |

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

|                                 |                            |                           |  |
|---------------------------------|----------------------------|---------------------------|--|
| Signature: <b>Tracy Cole</b>    |                            | OIL CONSERVATION DIVISION |  |
| Printed name: <b>Tracy Cole</b> |                            | Entered into RBDMS        |  |
| Title:                          |                            | Re-test                   |  |
| E-mail Address:                 |                            |                           |  |
| Date: <b>2-21-20</b>            | Phone: <b>575-441-5196</b> |                           |  |
| Witness:                        |                            |                           |  |

INSTRUCTIONS ON BACK OF THIS FORM